

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: HAMMOND HOUSE (0010416)

Address: 3750 E HAMMOND AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095328 **End Date:** 08/05/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093553 **End Date:** 10/13/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092619 **End Date:** 05/17/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008708 Served 05/26/2004

Deficiencies Cited
83.33(3)(e)2.a

Subject Area
WRITTEN ORDER TO ADMINISTER MEDICATIONS

Compliance
Verified
10/13/2004

Corrected
Yes

Survey ID: 0091581 **End Date:** 11/18/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 09/14/2004

Date Investigation Completed: 10/13/2004

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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